

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>	<i>7528</i>	
O.I.P.E. CLASSIFIER		<i>3</i>	<i>3/31/99</i>
FORMALITY REVIEW		<i>69853</i>	<i>4/19/99</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/17/00
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Claim	Date
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REF AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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